

**Continuation of Primary Health Care and Nutrition Services for Populations Affected by  
Conflict and Displacement in South and East Darfur States**

Quarterly Program Performance Report: January 1, 2015 – March 31, 2015  
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**1. Program Goal**

Continued provision of health and nutrition services through Primary Health Care Clinics (PHCCs), formerly supported by MERLIN, to improve the overall health and wellbeing of internally displaced persons (IDPs) and vulnerable host communities in the Kalma and Gereida camps in South and in Abu Karynka, Adilla and Ed Dain localities in East Darfur states.

**2. General Overview**

During Q3, ARC continued with the timely provision of life-saving services for IDPs, returnees, and host communities in South and East Darfur states. ARC responded to the needs of vulnerable groups by improving access to quality primary health care, integrating nutrition interventions, and providing water, sanitation and hygiene (WASH) services in both South and East Darfur states.

In South Darfur, the displacements were caused, in part, by the January 2015 clashes between Falata and Masalet tribes in the Gereida area. Approximately 5,187 individuals (51% women and 17% children under the age of 5) were displaced in that conflict. The displaced people are mostly gathered in Gereida camp, Dagama and Abo Jabara villages. In East Darfur, fighting between Rizaigat and Maalia tribes resulted in massive displacement. Per an interagency mission report from OCHA in November 2014, 148,284 IDPs moved to Adilla and Abu Karynka localities, 6,312 moved to Asalaya, 23,673 moved to Yassin, 13,680 moved to El Ferdous and 27,000 moved to El Neem Camp.

Accessing Adilla locality continues to be a problem, as the only safe route for supplies and staff is to travel from Nyala through Khartoum. This is a logistical burden and has increased transportation costs considerably.

Health: ARC continued to provide primary and reproductive health (RH) interventions to the communities in South and East Darfur states, within the supported IDP camps. Eleven primary health care clinics (PHCCs) and four mobile clinics were supported during the reporting period, serving 38,997 people (21,954 F and 17,043 M).

Nutrition: Through coordination with the State Ministry of Health (SMoH), the WHO, UNICEF, WFP and other key stakeholders, ARC has continued to offer quality nutrition services in East and South Darfur states. Nutritional services are provided in accordance with national Community-based Management of Acute Malnutrition (CMAM) guidelines, offering services intended to reduce the Global Acute Malnutrition (GAM) rate below the emergency threshold in children ages 6-59 months and in pregnant and lactating women (PLW) in eleven Targeted Supplementary Feeding Programs (TSFPs) and 11 Outpatient Therapeutic Programs (OTP). ARC is implementing nutrition interventions in the Kalma camp and Gereida camp through four PHCCs, two Stabilization Centers (SCs) and through community outreach programs. In the third quarter, these interventions served 7,144 people (5,606 F and 1,538 M).

WASH: Despite delays during Q2, ARC's WASH sector was able to provide WASH services in Adilla, Yassin, El Ferdous and Asalaya localities during Q3, through all four sub-sectors service deliveries. In the third quarter these interventions served 81,141 people (47,510 F and 33,631 M). The major accomplishments included the rehabilitation of the water yard in Adilla; hygiene promotion activities that reached over 7,587 individuals, reconstruction works on the institutional latrines in PHCCs in El Neem camp and in Adilla, and in clean-up campaigns in El Ferdous and Asalaya that benefited approximately 35,000 individuals.

**3. Major Successes and Challenges:**

## SECTOR 1: HEALTH

*Objective: Improve the health of the IDP and host community populations affected by conflict and displacement in South and East Darfur states*

### Sub-sector 1: Health Systems and Clinical Support

ARC provided preventative and curative health services for the management of communicable diseases such as diarrhea, acute respiratory infection (ARI), malaria, and unexplained fever through support to the existing 11 static PHCCs. A total of 38,997 patients, (21,954 females and 17,043 males) received services from ARC-supported facilities during the reporting period. ARC delivered thirty Rapid-Response Kits (RRKs) to PHCCs during this quarter, including supplementary drugs for children under five. In addition, laboratory items and consumables were also distributed to three ARC-run laboratories. ARC provided basic health services at the clinic level, conducted health promotion activities, provided ante/postnatal care, and offered integrated management of childhood illnesses and immunization of children < 5 against ten primary childhood diseases.

Consultations were available five days per week in all open 11 PHCCs and four mobile clinics. Twenty-four hour RH services are only available at the Kalma Center-6 health facility. Please see Table 1 above for a list of the most common diseases treated and their frequency, disaggregated by age.

### Sub-sector 2: Communicable Diseases

Health services were provided at 11 static PHCCs and four mobile clinics in East and South Darfur. A total of 8,171 people received treatment for ARI/pneumonia, Malaria, injuries, unexplained fever and diarrhea across all ARC-supported PHCCs. Of these, diarrhea was the main illness, with a total of 3,646 people treated (65% were children < 5), followed by ARI/pneumonia with 1,735 people treated (53% were children < 5) and 1,374 people treated for injuries (32% were children < 5).

ARC continued with immunization activities in all PHCCs, with routine immunization activities provided for children < 5. Children from 0 - 12 months in age were prioritized and received all childhood vaccines to reduce their susceptibility to communicable disease. During the reporting period, ARC vaccinated 7,705 children under the age of 5 and 2,269 women of reproductive age.

ARC continues to run eight functional cold chains in targeted PHCCs with fully functional Expanded Program on Immunization (EPI) capability as per the Ministry of Health and WHO standards in health facilities in Gereida camp, Kalma camp sector-6, Yassin, Selehah, Adilla, Bakhit, Hilal and Habib Suliman PHCCs. ARC collected, compiled, and shared weekly surveillance reports with the SMoH, which are used for disease trend and clinical monitoring.

Eighty-one patients (34 F and 47 M) with complications were referred to the Nyala and Ed Dain teaching hospitals for specialized medical treatment, and for each referred patient, ARC covered transportation costs, food, and treatment prescribed by a medical specialist. ARC also covered the cost of patients' transport back to their homes.

Throughout the quarter, all weekly reports on early warning signs of epidemic-prone diseases were collected and submitted regularly to the WHO and the SMoH from the PHCCs and mobile clinics.

### Sub-sector 3: Reproductive Health

Throughout the reporting period, all basic RH activities were carried out in all 11 RH units. These activities include antenatal care (ANC), delivery by skilled personnel, post-natal care (PNC), family planning (FP), tetanus toxoid (TT)

Table 1: Most Common Diseases treated at ARC-supported PHCCs						
Disease	< 5 years		> 5 years		Total cases	Percent of all cases (%)
	Number of cases		Number of cases			
	Male	Female	Male	Female		
Diarrhea	1,184	1,197	544	721	3,646	45%
ARI	428	497	328	482	1,735	21%
Malaria	211	56	90	75	432	5%
Injuries	195	242	531	406	1,374	17%
Unexplained fever	164	218	248	354	984	12%
Total	2,182	2,210	1,741	2,038	8,171	100%
	4,392		3,779			

administration to women of reproductive age (WRA), stabilization and referral of complicated cases for secondary health care management, and provision of necessary supplies, including clean delivery kits (CDKs), dietary supplements, and vitamins.

A total of 91 CDKs were distributed to expectant mothers who attended ANC visits in the facilities during their third trimester. A total of 249 deliveries were conducted by skilled personnel (approximately 10% of all deliveries this quarter), of which 100 were conducted within the facilities and 149 were conducted outside the facilities. Fifteen pregnant women were referred to secondary health care facilities for management of obstetrical complications. Forty women received counseling on family planning counseling.

During the reporting period, one training was conducted in Adilla in East Darfur on infection prevention and control for 12 ARC staff: six midwives, three medical assistants, and three nurses.

RH supplies were sent to all RH units in South Darfur and East Darfur. These RH supplies included 300 clean delivery kits containing cotton, gloves, gauze, carbolic soap, Dettol solution, and washing soap. ANC cards that show the number of ANC visits, vaccinations, and other relevant ANC information were distributed to 500 pregnant women.

#### **Sub-sector 4: Community Health Education/Behavior Change**

ARC's Health Education Department, in collaboration with the State Ministry of Health (SMoH), conducted one three-day Safe Motherhood Campaign in Bakhit and Hilal for 36 participants (21 F and 15 M). ARC's Safe Motherhood Campaigns address issues related to RH and build awareness of the availability of various RH services.

#### **Sub-sector 5: Medical Commodities Including Pharmaceuticals**

During the reporting period, all PHCCs and mobile clinics received drugs kits, medical equipment, and consumables (detergent, reagent, etc.). In total, 21 raid response kits were distributed to the different clinics.

A one day training session on drug management was conducted in Nyala for ten ARC staff drug dispensers. The session was facilitated by the supply chain department to improve the use of the BIN and stock card, and to help generate weekly and monthly reports.

### **SECTOR 2: NUTRITION**

*Objective: Improve nutrition status of IDP and host community populations affected by conflict and displacement*

#### **Sub-sector 1: Infant and Young Child Feeding (IYCF) and Behavior Change**

Through outreach activities, a total of 7,144 beneficiaries (5,606 F and 1,538 M) received nutrition and health education messages. ARC staff worked with community nutrition volunteers (CNVs) during the cooking demonstrations, household (HH) visits, and mother-to-mother clubs to inform community members of hygienic food preparation and storage techniques, and the benefits of breastfeeding and child spacing. It was encouraging to learn that 112 mothers of children under six months of age were practicing exclusive breastfeeding because of the knowledge and skills that they gained through ARC's interventions. This quarter, 316 children ages 6-24 months (213 F and 103 M), received the timely introduction of a complementary diet with at least four (of the seven food groups), as recommended by IYCF guidelines on minimum meal diversity.

To enhance IYCF knowledge, ARC trained Community Nutrition Volunteers (CNVs) last quarter. Together with ARC nutrition staff, the CNVs carried out house-to-house visits. 297 homes were visited and 373 mothers were reached with information on IYCF, hygiene and sanitation and the importance of a balanced diet.

#### **Sub-sector 2: Management of Moderate Acute Malnutrition (MAM)**

During this quarter, ARC conducted a mass screening of 4,845 children < 5 and 292 PLW across 11 PHCCs. Of the total children screened, 2,998 children (62%) were healthy, 1,142 (24%) were referred to TSFP, 657 (14%) were referred to

OTP and 48 (1%) were referred to a Stabilization Center (SC). Among the PLWs, 209 (72%) were healthy and 83 (28%) were referred to TSFP.

During the quarter, ARC served 6,299 beneficiaries (3,663 F, 2,636 M) in the TSFP program. Among children <5, 1,705

<b>Table 2: Total TSFP New Admissions</b>			
Location	January	February	March
Gereida	70	127	156
Kalama	123	147	242
Adilla	93	214	201
<b>Total</b>	<b>286</b>	<b>488</b>	<b>599</b>

females and 1,476 males were ages 6- 11 months, while 1,435 females and 1,160 males were ages 12-59 months. In all localities except Adilla, which has been affected by inter-tribal clashes, there was a gradual increase in admission from January to March. This upward trend is concerning, as more admissions are also expected during the lean season – a growing concern as last year’s food reserves are being depleted.

The program performance was of high quality during the quarter, scoring above the SPHERE standards for a 75% cure rate, as indicated in the table. Adilla and Abu Karynka recorded high defaulter rates, which might have been caused by inter-tribal clashes. However, through the work of the Community Nutrition Volunteers, ARC intends to strengthen defaulter tracing in order to serve the target beneficiaries by conducting follow-up with beneficiaries who have migrated to ARC areas of operation. Those out of the ARC areas of operation will be encouraged to go to the nearby nutritional centers to continue receiving MAM services.

### Sub-sector 3: Management of Severe Acute Malnutrition (SAM)

678 SAM cases were newly admitted to 11 Outpatient Therapeutic Programs (OTP) sites this quarter: 312 cases in Adilla and Abu Karynka localities, 86 cases in Gereida and 280 cases in Kalma. The high caseload in Kalma camp is a clear indication that more life-saving services (OTP) are needed.

<b>Table 3: OTP performance indicators (January-March)</b>					
Indicators	Kalma 6	Gereida	Adilla and Abukarinka	Average	SPHERE Standards
Cured	88%	92%	84%	88%	>75%
Death	0%	0%	1%	0%	< 5%
Defaulter	2%	7%	12%	7%	<15%
Non respondent	10%	0.70%	4%	5%	N/A

A total of 2,859 people (1,551 F, 1,308 M) were served in the OTP program. Of these, 177 females and 146 males were ages 6-11 months, while 1,374 females and 1,162 males were ages 12-59 months. The SAM cases with complications were admitted to the stabilization centers (SC). Both Kalma and Gereida have fully operational SCs, and admitted a total of 77 children: 48 children were referred during mass screening and 29 children during routine OTP/SFP activities. All cases were discharged as cured.

## SECTOR 3: WATER, SANITATION, HYGIENE (WASH)

*Objective: To improve the water, sanitation and hygiene conditions for IDPs and host populations*

### Sub-sector 1: Environmental Health

During this reporting period, two cleanup campaigns were conducted in East Darfur’s El Ferdous and Asalaya towns, ARC provided tools for garbage collection and disposal. During these campaigns, cleaning tools and equipment (such as wheel-barrows, rakes, grass-cutters, brooms and baskets) were distributed to participants to be used to clean and collect garbage from the markets, slaughter houses, schools, mosques, and roads. About 18 tons of garbage were disposed of and burned, which helped to-reduce the number and size of the breeding sites and habitats for vectors.

A total of 1,968 people participated in the campaign, including men, women, youth, and community leaders. It is estimated that around 35,000 people benefitted from these activities, of whom 19,500 were in El Ferdous, and 15,500 were in Asalaya.

The campaigns were led and organized by WASH committee members and community leaders. Community members participated using their donkey carts to move garbage to designated disposal pits. Women swept household yards and men transported the garbage to the final disposal pits where it was burned. Women also prepared food for the participants.

WASH partners agreed to continue these joint cleanup campaigns in conjunction with Water, Environment and Sanitation (WES) department, our main partner on the Government side at both the state and federal level. ARC intends to facilitate this activity in Yassin, Asalaya and Adilla next quarter through coordination efforts, and through provision of technical support and guidelines.

This quarter, the rehabilitation of medical solid waste disposal facilities (incinerators) in Adilla Hospital was completed. The incinerators were repaired by plastering the cracks in the walls and performing other small structural repairs on chambers using brick and mortar. The missing gates and lids were replaced. After the rehabilitation, the facility was handed over to health sector staff. PHCC staff will train health workers, equip them with Personal Protective Equipment (PPE) and introduce safety measures next quarter.

### **Sub-sector 2: Hygiene Promotion**

During the reporting period, ARC established and trained two new WASH Committees in Adilla and Yassin of East Darfur. Each committee has membership of 15 members (8 F, 7 M). The trainings centered on hygiene promotion and focused on the following topics: personal and family hygiene; transmission, prevention and response to outbreaks of diarrheal diseases; proper use of latrines; and water safety at the household level. The trainees were provided with cleaning tools for use during the cleanup campaigns.

One women's hygiene club (15 women) was formed in Yassin. Participants were trained on personal hygiene, sanitation at household levels, water related diseases, and disease transmission routes. After the training, each of these women were given training materials to reach an additional ten members of the community. In total 150 people (111 women and 39 children) were reached with the women's club message.

Hygiene promoters in Yassin visited 690 households, thereby reaching 5,640 individuals with hygiene messages (2,876 F, 2,764 M). During the household visits, the hygiene promoters observed that human feces and animal feces were seen in open areas in household compounds. The issue was explained to female household members who instantly swept the compounds. At the same time, there were some improvements in hygiene knowledge and practices, including washing hands with soap before eating and preparing food.

In total, during this quarter, 7,587 people received direct hygiene promotion (4,026 F, 3,561 M). Of these, the vast majority were reached through household visits (97%). Less than 1% of these were reached through the training of the women's clubs and WASH committees, and 3% were reached through the training of trainers (TOT) by the women's club.

### **Sub-sector 3: Sanitation infrastructure**

During Q3, ARC constructed an institutional Ventilated Improved Pit (VIP) latrine which included one block with six pits, (three stances for women and three for men) at the PHCC in El Neem IDP camp. The latrine with six pits will serve 300 people per day. This estimate was calculated using the daily client rate per day and SPHERE standards. The latrines allow for gender separation and privacy, and are equipped with two hand washing facilities. Construction of the institutional VIP latrine at the Adilla PHCC was also initiated during the third quarter of the project and is currently in progress.

### **Sub-sector 4: Water supply infrastructure**

A high capacity water yard in Adilla was upgraded and rehabilitated, and transferred over to the State Water Corporation (SWC). SWC is responsible for daily management of the water yard. Rehabilitation/upgrade of the water yard included the following interventions: a concrete apron for 2 animal troughs, a tap stand platform with 20 taps, a 45 m<sup>3</sup> storage tank, and a concrete base for the generator set. The water yard operates 18 hours/ day and produces about

160m<sup>3</sup> of water per day, which is fortunately much more than the anticipated minimum daily yield of 88m<sup>3</sup> per day prior to the intervention. The water yard serves 15,000 people of (23,000 total population) in Adilla town and five nomad villages (Fala, Umtotahana, Wdabaker, Aboujabra, and Algora). This number exceeds the original goal of serving 12,000 people.

Additionally, an animal trough serves the needs of the 13,000 cattle owned by the local and traveling herders. Communities in Adilla locality use donkey carts and tankers to transport water for sale from the water yard to the villages, and must pay 15 SGD per barrel to the State Water Corporation. The money collected is used for the repair and maintenance of the water yard, and the purchase of fuel. Despite the increase in population served, the increased volume of the water production reduced the cost of water from 35 SDG/barrel to 15 SDG/barrel.

The connection of the internal water distribution network at the Adilla clinic was also completed. However, testing of the water quality has been delayed, as the team cannot access the laboratory in Ed Dain as a result of the current conflict.

#### 4. Challenges

- Program monitoring and evaluation requires that the number of consultations at a clinic is tracked without double counting. SMOH guidelines require that a patient is recorded once a year in the attendance register, with “revisits” noted for the subsequent visits. The process requires patient cards/identifying number to help track new and revisits. According to the health team, these cards are expensive for clinic clients to purchase, and are frequently lost or forgotten at home. This necessitates continuous replacement, adding to the cost burden. This leads to significant double counting - an ongoing challenge in data collection and analysis, as evidenced by the high number of beneficiaries recorded at the sector level.
- Due to tribal clashes in East Darfur within Adilla and Abu Karynka localities, it is challenging to access the community, which negatively affects service delivery. The movement of supplies and staff from Khartoum and Nyala takes longer (and is more costly) than planned - for instance: medical supplies requested from Nyala in December 2014 were received in February 2015. The insecurity affects the ability of ARC teams and volunteers to reach out to communities to carry out the infrastructural interventions, as well as the hygiene promotion and environmental health activities.
- Delays in staff recruitment are caused by a failure to get a qualified candidate, or delayed approval from authorities once a candidate is identified. For the last three months ARC has been recruiting an RH supervisor and WASH supervisor, but has so far been unable to find a qualified candidate. Difficulties in recruiting new WASH staff resulted in the delayed start-up of activities in East Darfur in Q1. (ARC has since scaled up its activities in Q2 and Q3, hoping to accomplish the objectives as planned.)